



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Keith G. Weinstock and David Bush
Application No.: 09/417,507 Group: 1645
Filed: October 14, 1999 Examiner: Navarro, Albert Mark
For: Nucleic Acid and Amino Acid Sequences Relating to *Aspergillus fumigatus*
for Diagnostics and Therapeutics

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>10/18/06</u>	<u>Kim LaSelva</u>
Date	Signature
<u>Kim LaSelva</u>	
Typed or printed name of person signing certificate	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated April 18, 2006 of the Primary Examiner finally rejecting Claims 1-13. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated April 18, 2006 for three-months from July 18, 2006 to October 18, 2006.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

4 Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three (3) month(s)	\$	1020.00
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	
	Less fee paid ([] mo.) -	\$	
	Balance of fee due	\$	1020.00
<input type="checkbox"/>	Oral Hearing	\$	
<input checked="" type="checkbox"/>	Notice of Appeal	\$	500.00
<input type="checkbox"/>	Other	\$	
		TOTAL	\$ 1520.00

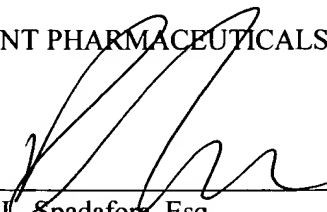
5. The method of payment for the total fees is as follows:

- ☐ A check in the amount of \$[] is enclosed.
- ☒ Please charge Deposit Account No. 501040 in the amount of \$1520.00.

Please charge Deposit Account No. 501040 for any additional amounts that may be due in this matter.
A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

OSCIENT PHARMACEUTICALS CORPORATION

By 
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Date: 10/17/02